PTO/SB/05 (03-01)

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## UTILITY **PATENT APPLICATION TRANSMITTAL**

TOM7 Attorney Docket No. SHANE, T., et al. First Inventor Pathogen Management System

Express Mail Label No. EL812327789US

Conty for fleve floriprovidior	iai applications under 37 OFK 1.05(b)	,,	J. J J J	man Labor No.   = :			احفيت
APPLICA	TION ELEMENTS		ADD		stant Con Patent Ap		oner for Pate <b>nt</b> s
See MPEP chapter 600 cond	erning utility patent application conte				shington,		
Fee Transmittal For (Submit an original and a construction)  Applicant claims so See 37 CFR 1.27.  Specification (preferred arrangement) - Descriptive title - Cross Reference - Statement Regarder or a computer possible of the submitted of the submitted in the s	orm (e.g., PTO/SB/17) chaphcate for fee processing) mall entity status.  [Total Pages 20 ] set forth below) of the invention e to Related Applications arding Fed sponsored R & D quence listing, a table, rogram listing appendix the Invention		( <i>if a</i> , a. b. s	CD-ROM or CD-R in Computer Program decide and/or Amino A pplicable, all necessary Computer Readab Specification Sequence i. CD-ROM of it. paper Statements verifying CCOMPANYING	duplicate (Appendix cid Seque () le Form (( Listing or r CD-R (2	e, large c) cnce Sc CRF) n: copies r of abo	table or ubmission s); or ove copies
- Detailed Descri - Claim(s)	ption	_	9. <b>•</b> 10. <b>•</b>	Assignment Papers 37 CFR 3.73(b) Standard (when there is an a	atement	neet &	document(s)) Power of Attorney
- Abstract of the Disclosure  4.			10.				
Customer Number or Bar C	ode Label 0069		E	or	Соптевроп	dence ad	ddress below
Name	Ryan A. Schneider						
	Troutman Sanders LLP						
Address	600 Peachtree St., Suite 5200						
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Country	US	Telepho	one	404.885.2773	Fé	ax	404.962.6849
Name (Print/Type)	Ryan A Schneider		Regi	stration No. (Attorne	y/Agent) Date	01/1	45,083 6/2002

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## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

	440	00
<b>(\$)</b>	410	.UU

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Complete if Known		
Application Number		
Filing Date		
First Named Inventor	SHANE, T.	
Examiner Name		
Group Art Unit		
Attorney Docket No.	TOM7	

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to:	3. ADDITIONAL FEES					
indicated fees and credit any overpayments to:  Deposit	Large Small					
Account Number 20-1507	Entity Entity  Fee Fee Fee Fee Paid  Fee Description Fee Paid					
Damasit	Code (\$) Code (\$)					
Account Name Troutman Sanders LLP	105 130 205 65 Surcharge - late filing fee or oath					
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet					
Applicant claims small entity status.	139 130 139 130 Non-English specification					
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination					
2. Payment Enclosed:  Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month					
· Large Entity Small Entity	116 400 216 200 Extension for reply within second month					
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920 217 460 Extension for reply within third month					
101 740 201 370 Utility filing fee 370.00	118 1,440 218 720 Extension for reply within fourth month					
106 330 206 165 Design filing fee	128 1,960 228 980 Extension for reply within fifth month					
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal					
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal					
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing					
SUBTOTAL (1) (\$) 370.00	138 1,510 138 1,510 Petition to institute a public use proceeding					
· · · · · · · · · · · · · · · · · · ·	140 110 240 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES Fee from	141 1,280 241 640 Petition to revive - unintentional					
Extra Claims below Fee Paid  Total Claims 20 30** - 0 X = 0.00	142 1,280 242 640 Utility issue fee (or reissue)					
Total Claims	143 460 243 230 Design issue fee  144 620 244 310 Plant issue fee					
Claims J-3 - J A J J J J J J J J J J J J J J J J J						
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Large Entity Small Entity	(4)					
Fee Fee Fee Fee Description Code (\$) Code (\$)	126 180 126 180 Submission of Information Disclosure Stmt					
103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)					
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))					
104 280 204 140 Multiple dependent claim, if not paid	149 740 249 370 For each additional invention to be					
109 84 209 42 ** Reissue independent claıms over original patent	examined (37 CFR § 1.129(b))					
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)					
and over original patent	169 900 169 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$)	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00					

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Ryan A. Schneider	Registration No. (Attorney/Agent) 45,083	Telephone	404.885.2773	
Signature	(Matrix)		Date	01/16/2002	

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